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7590

01/10/2007

Arthur Jacob
 25 East Salem Street
 P.O. Box 686
 Hackensack, NJ 07601

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Arthur Jacob

(Depositor's name)

Arthur Jacob
 2/2/07

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/813.914

03/31/2004

Matthew Scelig

02/02/2007 A-03.78
 MGBREK2 00000012 16513314

TITLE OF INVENTION: ORTHOPAEDIC FIXATION PIN EXTRACTION

01 FC:1501

1400.00 0P

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$0

\$0

\$1400

04/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SHAPFER, RICHARD R

3733

606-104000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Arthur Jacob

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Howmedica Osteonics Corp.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Mahwah, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☒ The Director is hereby authorized to charge any additional fees, including deficiency fees, or credit any overpayment, to Deposit Account Number 502221 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Arthur Jacob

Date

2/2/07

Typed or printed name

Arthur Jacob

Registration No.

19,702

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